



GRADE

AUTHORIZATION AND PERMISSION TO RELEASE MEDICAL, EDUCATION AND/OR SPECIAL EDUCATION RECORDS

Student Information

Student Name _____ DOB _____ Grade _____

Previous School Information

Name of School _____

School Address _____

Address City Zip Code

Phone Number _____ Fax Number _____

Parent/Guardian Signature _____ Date _____

Previous School Information

Name of School _____

School Address _____

Address City Zip Code

Phone Number _____ Fax Number _____

Parent/Guardian Signature _____ Date _____

Information requested consists of:

- Withdrawal Form (SAIS # and school CTDS# should be included if at last school attended is in Arizona)
- Official Transcript/Report Cards
- Immunization Record
- Birth Certificate
- Testing Data and Results
- Attendance Records
- Legal Guardianship or Custody Papers
- Current IEP, 504 Plan, Psych Evaluation and any other SPED Records
- ELL Testing and Results
- Any information pertaining to retention

PLEASE SEND ALL RECORDS, INCLUDING SPECIAL ED RECORDS TO:

Sun Valley Academy
5806 South 35th Avenue Phoenix, Arizona 85041 Phone Number 602-692-4914 Fax Number 602-276-6298

Date of 1st Request _____ Date of 2nd Request _____ Date of 3rd Request _____